

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS344AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2009
NAME OF PROVIDER OR SUPPLIER RIMMEY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 538 RANCHO DEL MAR WAY NORTH LAS VEGAS, NV 89031		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 15417 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/23/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six (6) Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category I residents. The census at the time of the survey was 6 residents. Six resident files were reviewed and 2 employee files were reviewed. One discharged resident file was reviewed.</p> <p>There were no complaints investigated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 10/23/09, the facility failed to ensure that 1 of 2 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #2) for the protection of 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Findings include: The file for Employee #2 lacked documented evidence of a complete initial two-step tuberculin screening. Severity: 2 Scope: 3	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 10/23/09, the facility failed to ensure 1 of 2 caregivers met background check requirements (Employee #2). Findings include: The file for Employee #2 (hired 6/28/06) lacked	Y 105		

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Y 105	Continued From page 2 documented evidence of a state background clearance. Severity: 2 Scope: 1	Y 105		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 10/23/09, the facility failed to ensure that 5 of 6 residents received an pre-admission physical (Resident #1, #2, #3, #4, and #6). Severity: 2 Scope: 3	Y 859		
Y 870 SS=F	449.2742(1)(a)(1)(2)(b)(c) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the	Y 870		

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Y 870	<p>Continued From page 3</p> <p>administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>(2) Provides a written report of that review to the administrator of the facility;</p> <p>(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report.</p> <p>(c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p> </p> <p>This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review on 10/23/09, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 6 of 6 residents residing in the facility for longer than six months (Resident #1, #2, #3, #4, #5 and #6).</p> <p>Severity: 2 Scope: 3</p>	Y 870			

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Y 895 Y 895 SS=F	Continued From page 4 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Surveyor: 15417 Based on observation and interview on 10/23/09, the facility failed to accurately document medications administered to 1 of 6 residents (Resident #4). Findings include: Resident #4 (admitted 2/18/97) was prescribed and administered the following medications: Ranitidine 150 mg (1 tablet twice daily) and	Y 895 Y 895			

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Y 895	Continued From page 5 Proventil inhaler (1 puff by inhalation as needed for 30 days). The Ranitidine or Proventil was not documented on the resident's medication administration record (MAR). Severity: 2 Scope: 1	Y 895			
Y 944 SS=A	449.2749(2) Resident File - Discharge Documentation NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Surveyor: 15417 Based on record review and interview on 10/23/09, the facility did not provide proper documentation regarding a resident who had been discharged. Severity: 1 Scope: 1	Y 944			

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